



151 Main Street
Watson, PA 17777
570-538-5533

**ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES**

“You May Refuse To Sign This Acknowledgement”

I have reviewed a copy of this office’s Notice of Privacy Practices. I understand a copy of the Privacy Practice is available to me upon request.

(Please Print Patient’s Name)

(Patient’s signature – Parent or Guardian if under age 18)

(Date)

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communications barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please Specify)
